

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/29/227

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	/		/				53					
4	/		/				54					
5	/		/				55					
6	/		/				56					
7	/		/				57					
8	/		/				58					
9	/		/				59					
10	/		/				60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15	/		/				65					
16	/		/				66					
17							67					
18							68					
19							69					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4	0	1	0			TOTAL IND.	0	0	0	0	
TOTAL DEP.	6	0	6	0			TOTAL DEP.	0	0	0	0	
TOTAL CLAIMS	10		7				TOTAL CLAIMS	0				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS